Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| Ellective duridary 1, 2000  |  |   |                                      |                               |                               |                  |       | 10600216            |                        |        |                            |                        |  |
|---|--|---|--------------------------------------|-------------------------------|-------------------------------|------------------|-------|---------------------|------------------------|--------|----------------------------|------------------------|--|
|   |  | CLAIMS AS                                 | FILED - F                            |                               | (Column 2)                    |                  |       | SMALL EN            | πιτ <b>γ</b><br>□      | OR     | OTHER<br>SMALL I           |                        |  |
| TOTAL CLAIMS  |  |   | 1-                                   |                               |                               |                  |       | RATE                | FEE                    |        | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED                         |                               | NUMBER EXTRA                  |                  |       | BASIC FEE           | 375.00                 | OR     | BASIC FEE                  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / — minus 20=                        |                               | .0                            |                  | 1     | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                          |                               | 0                             |                  |       | X42=                |                        | OR     | X84=                       |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                               |                               |                               |                  |       | +140=               |                        | OR     | +280=                      |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than zer                        | ro, ente                      | r "O" in c                    | olumn 2          | ļ     | TOTAL               | 325.0                  | OR     | TOTAL                      |                        |  |
| 10  | 2./2.0 <del>2</del> 1                          | (Column 1)                                | AMENDED - PART II (Column 2) (Column |                               |                               | (Column 3)       | _     | SMALL ENTITY        |                        |        | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY          | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . /                                       | Minus                                | **                            | 00                            | -                |       | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |
|   | Independent                                    | * /<br>NTATION OF M                       | Minus                                | - ###                         | <u> </u>                      |                  |       | X42=                |                        | OR     | X84=                       |                        |  |
|   | FIRST PRESE                                    | NIAHON OF M                               | ULTIPLE DEP                          | ENUEN                         | CLAIM                         | 1-1              | )     | +140=               | -                      | OR     | +280≈                      |                        |  |
|   |  |   |                                      |                               |                               |                  | ,     | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |  |
|   | -  | (Column 1) (Column 2) (Column             |                                      |                               |                               |                  |       | ADDII. PEG          |                        |        |                            | ,                      |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVI          | HEST<br>HBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                | **                            |                               | 8                |       | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |
|   | Independent                                    | *<br>NTATION OF M                         | Minus                                | ***                           | T CL AIM                      | =                | 4     | X42=                |                        | OR     | X84=                       |                        |  |
| L   | FIRST PRESE                                    | NTATION OF M                              | OLTIPLE DEP                          | ENDEN                         | CEAN                          |                  | ָנ    | +140=               |                        | OR     | +280=                      |                        |  |
|   |  |   |                                      |                               |                               |                  |       | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |  |
|   | (Column 1) (Column 2) (Column 3                |   |                                      |                               |                               |                  |       |                     |                        |        | **.                        |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUA<br>PREVI                  | HEST<br>ABER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                | **                            |                               | =                | ]     | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |
|   | Independent                                    |   | Minus                                | ***                           |                               | <u> -</u>        | 1     | X42=                | · ·                    | OR     | X84=                       |                        |  |
| ال  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                               |                               |                  |       | +140=               |                        | 1      | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                      |                               |                               |                  |       |                     |                        | OR     | TOTAL                      | <b> </b>               |  |
| **  | If the "Highest Nu                             | mber Previously F<br>Imber Previously I   | Paid For IN TH!                      | S SPACE                       | is less tha                   | an 20, enter "20 | )."   | ADDIT. FEE          |                        | OR     | ADDIT. FEE                 |                        |  |
|   | The "Highest Nur                               | nber Previously P                         | ald For" (Total o                    | r Indepen                     | dent) is th                   | e highest numb   | er fo | und in the ap       | propriate bo           | x in c | dumn 1.                    | •                      |  |